

UDOT PEDESTRIAN ACCESS RAMP EVALUATION FORM

INSPECTOR

Name:

Phone:

Date:

PROJECT

Name:

Number:

Limits:

RAMP LOCATION

TS_ID: _____

Region: 1 2 3 4P 4C 4R

County:

Address:

Corner: NW NE SW SE N S E W

Primary Street (SR):

Cross Street (SR):

City:

Ramp Geometry

Type (Parallel, Diagonal, etc.)

Running slope ($\leq 8.33\%$)Cross slope ($\leq 2\%$)First flare slope ($\leq 10\%$)Second flare slope ($\leq 10\%$)**Comments**

Parallel Diagonal

%

%

%

%

Landing

Is landing at least 48" x 48"?

Maximum landing slope ($\leq 2\%$)

Yes

No

%

Gutter

Is the lip within the curb cut?

Transition slope ($\leq 5\%$)

Yes

No

%

Crosswalk

If required, does this location have the proper crosswalk marking?

Minimum clear spacing? (at least 48")

Yes

No

Crosswalk Not Required

Yes

No

Detectable Warning Surface (DWS)

Type (Polymer, Brick, Precast Concrete, etc.)

Depth (≥ 24 ")

Color (Red, Yellow, etc.)

Color contrast with the surrounding surface?

Spans the curb cut?

Edge 0" to 2" from the top back of curb?

Dome dimensions and orientation are correct?

Polymer

Brick

"

Red

Yellow

Yes

No

Yes

No

Yes

No

Yes

No

General

Does the ramp cross an island?

Are there any technical infeasibilities at this location?

Yes

No

Yes

No

If any technical infeasibilities exist that would prevent the ramp from meeting ADA requirement please describe them below:

* Submit complete form to **Ming Jiang**, Traffic & Safety through interoffice mail or fax. Interoffice mail box number: 143200.

Phone: **801-965-4427**, Fax: 801-965-4736. For questions call or e-mail at mjiang@utah.gov

* All information on this form must be filled out, including a COMPLETE ramp location. If a form is found to be incomplete it will be sent back to the inspector to be completed IN FULL. In the case the ramp does not meet ADA standards (with the exception of a technical infeasibility) the ramp will need to be reconstructed to meet these requirements and a second form will need to be filled out.